

VEHICLE DEALER SUPPLEMENTAL LOCATION LICENSE APPLICATION

MICHIGAN DEPARTMENT OF STATE
Bureau of Automotive Regulation
Licensing Section
Lansing, Michigan 48918
(517) 373-9460 or TTY (517) 485-5530

DEPARTMENT USE:

License Number _____

Date Issued _____

By _____

You must complete a supplemental location license application for each additional location at which you wish to operate. You may photocopy this form if you need an additional copy. NOTE: A SUPPLEMENTAL LOCATION MUST BE IN THE SAME COUNTY AND MUST HAVE THE SAME CLASSIFICATIONS AS YOUR MAIN LOCATION. If you wish to establish a location in another county or wish to change classifications at your main location, contact the Licensing Section for instructions.

1. BUSINESS NAME AND DEALER LICENSE NUMBER OF YOUR MAIN OR ORIGINAL LOCATION

Business Name of Main Location _____

County _____

License Number _____

(If you do not have a dealer license number for your main location, either attach this application to an Original Vehicle Dealer License Application or enclose a letter of explanation.)

If your business is a corporation, and you wish to use a different name for this supplemental location, please complete the following blank with the assumed name you wish to use and attach a copy of your assumed name filing as filed with the Michigan Department of Commerce. All others complete the blank by writing the word "SAME".

2. SUPPLEMENTAL LOCATION TELEPHONE NUMBER (if different than that of the main location).

() _____

3. ADDRESS OF SUPPLEMENTAL LOCATION

Rural route or post office box numbers alone are inadequate. The actual location must be identified. Attach a sketch or photograph which accurately shows the physical dimensions of the proposed place of business.

Street _____

City _____

County _____

Zip Code _____

4. LICENSE CLASSIFICATIONS

Check all of the classifications you are licensed to do business in at your main location.

Refer to your main location wall license for a description of activities your present license covers or contact the Licensing Section at (517) 373-9460.

- ☐ CLASS A - New Vehicle Dealer - May buy and sell new vehicles.
- ☐ CLASS B - Used vehicle dealer - May buy and sell used vehicles.
- ☐ CLASS C - Used Vehicle Parts Dealer - May buy and dismantle vehicles to sell parts and remaining scrap. May buy and sell used late model major component parts.
- ☐ CLASS D - Broker - Is involved in arranging vehicle sales for others by bringing together buyers and sellers. Does not take ownership of the vehicle.
- ☐ CLASS E - Distressed Vehicle Transporter - May buy vehicles only for resale to Class "C" or Class "F" dealers.
- ☐ CLASS F - Vehicle Scrap Metal Processor - May buy vehicles and process them into scrap metal for remelting.
- ☐ CLASS G - Vehicle Salvage Pool - May only store and display for sale vehicles owned by insurance companies.
- ☐ CLASS R - Automotive Recycler - May buy and dismantle vehicles to sell parts and remaining scrap. May buy and sell used late model major component parts.

5. ZONING APPROVAL (to be completed by Zoning Authority)

In Detroit, contact the Department of Buildings and Safety Engineering, Zoning Division, 4th floor, City-County Building. Elsewhere, contact the city or township clerk.

ZONING AUTHORITY - The license applied for would permit, but not require, performance of all business activities described where checked in Item 4. Zoning authorities may limit, in accordance with local ordinances, the business activities permitted at the licensed location. Violations of local zoning ordinances which are not also violations of the Michigan Vehicle Code will not result in suspension or revocation of the license.

Please check the appropriate category, enter the class(es) applied for in Item 4, and complete the signature portion of this item.

- ☐ Location is approved for class(es) checked in Item 4. Class(es) checked are _____.
- ☐ Location is approved subject to special conditions for class(es) checked in Item 4. Class(es) checked are _____.
- ☐ Location is approved for class(es) checked in Item 4 because there is no zoning ordinance in effect. Class(es) checked are _____.
- ☐ Location is not approved for class(es) checked in Item 4 because location is not properly zoned. Class(es) checked are _____.

Signature of zoning authority _____

Date _____

Name and title of zoning authority (Please type or print) _____

Jurisdiction (City, Township, etc.) _____

Phone Number _____

() _____

6. BUSINESS HOURS AND DAYS

The Michigan Vehicle Code requires that your records be available for inspection during reasonable business hours. Established business hours must be at least four continuous hours per day, one day a week (Monday through Saturday). Fill in the day(s) and hours this supplemental location will be open. If your business hours change, you must notify the Department of State in writing.

HOURS AND DAY(S) OF OPERATION: _____

Note: You must keep all business records for this location at this location.

IF THIS IS A TEMPORARY LOCATION ("TENT" SALE), GIVE THE SALE DATES: _____

7. BRANCH DESIGNATION (Class "A", "B", "C", "D", "E", "G", and "R" Dealers)

As a licensed vehicle dealer you will be processing transactions through Secretary of State branch offices. You will be restricted to the use of the offices approved by the Dealer Division. These offices will be notified of the Division's approval. If you wish to use offices other than those designated for your main location, fill in the blanks below.

Branch Name	Street Address	City	Branch Number
Branch Name	Street Address	City	Branch Number
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8. STATEMENT - CAREFULLY READ BEFORE SIGNING.

I certify that the statements contained in this application are true and that I, as owner, partner, or an officer or director of the corporation, have authority to sign this application and to make the statements contained herein. I understand that any misleading, incomplete, or false statement shall be grounds for denial of this application or the suspension or revocation of my license.

I certify that the persons named on this license are not acting as the alter ego or in the place of or on behalf of any other person or persons in seeking this supplemental license.

I stipulate and agree that any legal process affecting this business served on the Secretary of State or his/her deputies shall have the same effect as if personally served on me and all other owners of this business, if any. I further agree that this appointment shall remain in force as long as any liability of this business remains outstanding within the State of Michigan.

SIGNATURE

TITLE

DATE

**REMINDER: ATTACH A SKETCH THAT ACCURATELY DESCRIBES THE BUSINESS LOCATION.
INCLUDE CROSS-STREETS, DISPLAY AREAS, AND OFFICE AREAS.**
